

## Appendix H

### Application Form

APPLICANT INFORMATION	
Name of Local Government Entity:	Town of Fremont, NH
Federal ID Number:	02-6000303
D-U-N-S Number: (Applicant must apply and have number by 3/1/2010)	610797446
Applicant has registered with the Central Contractor Registration (CCR)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Partnering, have all Partnership Agreement Forms been included?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT INFORMATION	
Enter the primary contact at the Applicant Organization for this Application	
Applicant Primary Contact Name:	Marcus Everngam
Applicant Primary Contact Title:	Building Official
Address:	295 Main Street PO Box 120
City, State, Zip Code + 4:	Fremont, NH 03044-0120
Office Phone:	603-895-3200 X 18
Cell Phone:	603-817-0951
Fax:	603-895-3149
E-Mail Address:	fremontBI@comcast.net
APPLICANT ELIGIBILITY CHECKLIST	
Applicant is a Local Government located in New Hampshire.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (applicant is not eligible)

Federal Certifications	
<p>For any member of the Application team, have you received, or do you expect to receive, over \$500,000 of Federal awards for any of the fiscal years during the term of our agreement?</p> <p>If yes, you are required to obtain an independent audit pursuant to the Federal Office of Management and Budget, OMB circular A-133, and provide a copy to OEP throughout the term of this Agreement.</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p>Did your organization receive: (1) more than 80% of its annual gross revenues in Federal awards, (2) 25 million or more in annual gross revenues from Federal awards, and (3) the public does not have access to information about the compensation of the senior executives under filing requirements of the Security Exchange Act of 1934 or 780(d) or section 6104 of the Internal Revenue Code?</p> <p>If yes, provide the names and compensation of the five most highly compensated officers.</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
Proposed Project	
<p>Brief Project Description: Solar hot water system to be installed at the Fremont Public Safety Complex</p>	
Cost of the Project:	\$12,000
Funds Requested:	\$12,000

Project Category (select one) and fill in requested information.			
<input type="checkbox"/> Lighting Upgrades	estimated annual MMBTU source energy reduced	=	MMBTU
<input type="checkbox"/> Building Energy Efficiency Measures	estimated annual MMBTU source energy reduced	=	MMBTU
<input type="checkbox"/> Building Energy Audits	square footage of the facilities to be audited	=	sqft
<input type="checkbox"/> Energy Studies and Energy Planning	population affected	=	people
<input type="checkbox"/> Reducing Commuter Vehicle Fuel Use	estimated annual gallons of fuel saved	=	gallons
<input type="checkbox"/> Idling Reduction Technologies	estimated annual gallons of fuel saved	=	gallons
<input type="checkbox"/> Waste Reduction	annual tons of waste reduced	=	tons
<input checked="" type="checkbox"/> Renewable Energy	estimated annual MMBTU energy generated	=	14.58 MMBTU
<input type="checkbox"/> Other Innovative Projects	Describe conservation benefits of project in project description		

<b>PRIMARY PLACE OF PERFORMANCE</b>	
Enter the physical location of the project. For projects with multiple locations, use the location with the largest dollar amount of measures.	
Location Name:	Fremont Public Safety Complex
Address:	425 Main Street
City, State, Zip Code + 4:	Fremont, NH 03044-3202
Region number: (Refer to Appendix D)	3
<b>PROGRESS PAYMENTS</b>	
Select one	
<input checked="" type="checkbox"/> Applicant requests award payment in 2 parts. At equipment delivery and/or 50% of services provide and at project completion.	
<input type="checkbox"/> Applicant request award payment in 1 part. At project completion.	

<b>AUTHORIZING SIGNATURE</b>	
<p>I have read, understood and am in compliance with all rules and regulations concerning this incentive program. I certify that all information provided is correct to the best of my knowledge. I allow reasonable access to my property to inspect the installation and performance of the technologies and installations that are eligible for incentives under this Application. Furthermore, I understand that the project is to be funded under ARRA and that additional reporting and other requirements will apply, including, but not limited to: jobs reporting requirements, Buy American, and Federal Davis-Bacon prevailing wage requirements; and other requirements as may be imposed by Federal or State oversight entities. I agree to provide to OEP any and all required materials, documentation, access to facilities, and other required information, on the schedule required by OEP to meet all requirements. I understand that this project may be audited for compliance with the requirements of this Application. I understand that failure to comply with ARRA requirements and to complete the Project by March 10, 2012 may result in loss of funding.</p>	
<p>This Application must be signed by an authorized designee of the eligible entity. Service providers or vendors may not sign this Application.</p>	
Signature:	Date:
Printed Name:	Title:
<p>Acknowledgement: State of _____ County of _____</p> <p>On _____, before the undersigned officer, personally appeared the person identified in signature block above, or satisfactorily proven to be the person whose name is signed in signature block above, and acknowledged that s/he executed this document in the capacity indicated in the signature block.</p>	
<p>Signature of Notary Public or Justice of the Peace</p> <p>[SEAL]</p>	
<p>Name and Title of Notary Public or Justice of the Peace</p>	